

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022489

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 9 1962

Primary Registration District No.

3019

Registrar's No.

122

VS 300
Rev. 4/59

10355

28210

3

4 0

5 1

6

7 1

8 2

94201

10

11

12 2-0

13 5-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kennett

Length of stay in lb

4 hours

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Dunklin Co. Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Michigan

b. COUNTY

Oakland

c. CITY
OR
TOWN

Hazel Park

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

1645 Evelyn

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

SILE

Middle

TRAMMELL

Last

4. DATE
OF
DEATH

Month

Day

Year

July

2,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-1-1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maternal Handler

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Illinois

U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Wess Trammell

13b. MOTHER'S MAIDEN NAME

Sarah Ellen Tanner

14. NAME OF HUSBAND OR WIFE

Eva Trammell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Ermal Trammell Rector, Ark. Rt. 3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

5 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Arteriosclerosis

3 years

DUE TO (c)

Unknown

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 30 1962 to July 2 1962 and last saw him alive on July 2, 1962
Death occurred at 1:20 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles R. Lamb M.D.

22b. ADDRESS

Kennett Mo

22c. DATE SIGNED

7-7-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-4-1962

23c. NAME OF CEMETERY OR CREMATORY

Woodland Heights

23d. LOCATION (City, town, or county)

Rector,

Arkansas

24. FUNERAL DIRECTOR

ADDRESS

Lloyd Russell Piggott, Arkansas

25. DATE RECD. BY LOCAL REG.

July 7-1962

26. REGISTRAR'S SIGNATURE

Ermal Trammell

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald W. Higgins

Licensed Embalmer No. 1114 Ark
P. O. Address Piggott, Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.